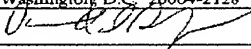
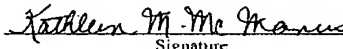


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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/082,133
		Filing Date	02/26/2002
		First Named Inventor	Rudolf DIETL
		Group Art Unit	3612
		Examiner Name	Dennis H. Pedder
Total Number of Pages in This Submission	13	Attorney Docket Number	740123-419

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David S. Safran, Reg. No. 27,997 Nixon Peabody LLP 401 9th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	November 9, 2004

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November 9, 2004	
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	Kathleen M. McManus
	Typed or printed name

W339446.1

FEE TRANSMITTAL FOR FY 2005

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (S) 110.00

Complete if Known

Application Number 10/082,133
Filing Date 02-26-2002
First Named Inventor Rudolf DIETL
Examiner Name Dennis H. Pedder
An Unit 3612
Attorney Docket No. 740123-419

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number 19-2380(740123-419)

Deposit Account Name Nixon Peabody LLP

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☐ Charge any additional fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 790	2001 395	Utility filing fee	
1002 350	2002 175	Design filing fee	
1003 550	2003 275	Plant filing fee	
1004 790	2004 395	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (S) 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
35	-36** = 0	X	0
Independent Claims	3	-3** = 0	X 0
Multiple Dependent		X	0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 88	2201 44	Independent claims in excess of 3
1203 300	2203 150	Multiple dependent claim, if not paid
1204 88	2204 44	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (S) 0

**or number previously paid, if greater. For Reissues, see above

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1051 130	2051 65	Surcharge - late filing fee or oath
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet
1053 130	2053 65	Non-English specification
1812 2,520	1812 2,520	For filing a request for <i>ex parte</i> reexamination
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action
1251 110	2251 55	Extension for reply within first month
1252 430	2252 215	Extension for reply within second month
1253 980	2253 490	Extension for reply within third month
1254 1,530	2254 765	Extension for reply within fourth month
1255 2,080	2255 1,040	Extension for reply within fifth month
1401 340	2401 170	Notice of Appeal
1402 340	2402 170	Filing a brief in support of an appeal
1403 340	2403 170	Request for oral hearing
1451 1,510	2451 1,510	Petition to institute a public use proceeding
1452 110	2452 55	Petition to revive - unavoidable
1453 1,370	2453 685	Petition to revive - unintentional
1501 1,370	2501 685	Utility issue fee (or reissue)
1502 490	2502 245	Design issue fee
1503 660	2503 330	Plant issue fee
1460 130	2460 65	Petitions to the Commissioner
1807 50	2807 25	Processing fee under 37 CFR 1.17(q)
1806 180	2806 90	Submission of Information Disclosure Stmt.
8021 40	2021 20	Recording each patent assignment per property (times number of properties)
1809 790	2809 395	Filing a submission after final rejection (37 CFR 1.129(a))
1810 790	2810 395	For each additional invention to be examined (37 CFR 1.129(b))
1801 790	2801 395	Request for Continued Examination (RCE)
1802 900	2802 450	Request for expedited examination of a design application

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (S) 110.00

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November 9, 2004
Date

Signature
Kathleen M. McManus
Typed or printed name

SUBMITTED BY

Name (Print/Type) David S. Saffran
Signature

Registration No. 27,997
(Attorney/Agent)

Complete if applicable

Telephone (703) 827-8094
Date November 9, 2004

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